ورأه

PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FO</b>	Attorne	y Docket Numb	Docket Number 21964-708						
DESIG	First N	med Inventor Fred Stanke							
PATENT APPL	LICATION			PLETE IF H	KNOWN				
(37 CFR <sup>2</sup>	•	Applica	ation Number	09/5	33,613				
Declaration Submitted	Declaration Submitted after Initial	Filing [	Date	Marc	March 22, 2000				
with Initial Filing	Filing (surcharge (37 CFR 1.16(e))	Group	Group Art Unit		2877				
	required)	Examir	ner Name	Mas	bhaspigned.				
			<del></del> .	<del>/                                    </del>	4.1				
As a below named Inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first names are listed below) of the s	and sole inventor (if only subject matter which is claim	one name imed and fo	is listed below) or a or which a patent is s	ought on the	st and joint inventing inventible	tor (if plural d:			
	APPARATUS FO	ATD TRATA	CINC METD	OI OCV	Diameter Control				
	AFFARATUS FU	K IIVIA	GING MEIN	JLUGY					
	(T	itle of the Ir	rvention)		~				
the specification of which ☐ is attached hereto OR									
was filed on (MM/DD/Y)	(YY) 03/22/00		as United Stat	es Applicatio	n Number or PC	「International			
Application Number 09/533,613	and was amended on (M	M/DD/YYY	Y) [[] (if applicable	e).					
I hereby state that I have review amended by any amendment spe			of the above identif	ed specifica	ition, including th	ne claims, as			
I acknowledge the duty to disclose	•		entability as defined	n 37 CFR 1.	56.				
I hereby claim foreign priority be certificate, or 365(a) of any PCT America, listed below and have a or of any PCT international applic	international application ilso identified below, by ch	which des hecking the	signated at least on box, any foreign ap	country oti plication for	her than the Uni patent or invento	ted States of			
Prior Foreign Application Number(s)	Foreign Fi Country (MM/DD		Priority Not Claimed	1	Certified Copy YES	Attached? NO			
Additional foreign application  I hereby claim the benefit under 3		· ·							
Application Number(s)		te (MM/DD/		on(s) listea b	elow.				
60/118,217 02/01/99 Additional provisional application									
60/125,462	numbers are listed on a								

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it

contains a valid OMB control number.

# **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available

between the filing	date of t	the prior application	on and the na	tional or P	CT in	ternationa	al filin	ig date d	of this a	application	١.		
U.S. Pare	ent App	olication or PC	T Palent N	umber		•		Filing DD/YY		Par	Parent Patent Number (if applicable)		
09/495,821	/-						02	2/01/00				<u> </u>	
		{	NOV 1 3	2000 5	}								
		,		3	١.								
Additional U.S. or PCT international application between the property of the p													
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the													
Patent and Tradema	ark Offic	e connected therev		stomer Nun	nber	02197	71	] —		——⊳		Place Customer Number Bar	
			OR	gistered pr	actitio	nor(e) non	20/50	aistration	numb	or listed be	- 1 -	Code Label here	
-			Regist	ration	actitio	iner(s) man			i iiuino	er iisted be		tegistration	
	lame	-	Num	ber	_			Name				Number	
										ļ			
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.													
Direct all correspo	ondence		er Number Code Label		02	1971		OF		Correspon	dence	address below	
Name	John (	n Gilmore, Reg. No. 46,375											
Address	Wilson	n Sonsini Goodric	h & Rosati		_								
Address	650 P	age Mill Road								-			
City	Palo A	Alto	·			State	C/	A   2	ZIP	94304			
Country	U.S.		Telephone	650-	493-9	300		1	ах	650-493-	6811		
I hereby declare the believed to be true; punishable by fine application or any p	and fur or impris	ther that these sta	tements were	made with	the i	knowledge	that	willful fa	lse sta	tements a	nd the	like so made are	
Name of Sole	or Fir	st Inventor:			Аре	etition has	s bee	en filed	for thi	s unsigne	ed inve	entor	
Giver	Name	(first and middle	(if any)					Family	Name	or Surna	me		
		Fred E.							Sta	nke			
Inventor's Signat	ure	July	Mat	>						Date	7	June 2000	
Residence: City	Cupertino State CA Country USA Citizenship USA							USA					
Post Office Addre	ess	22873 Longdo	wn Road	<del></del>							· · · · · · · · · · · · · · · · · · ·		
Post Office Addre	ess								ı				
City		Cupertino	State	CA		ZIP		95014	1	Country	<u>/</u>	USA	
Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:													

PTO/SB/02A (3-97) Approved for use through 9/30/98,OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

NOV 3 2000 8

ADDITIONAL INVENTOR(S)
Supplem ntal Sheet
Page \_2\_ of \_3\_

Name of Additional Joint Inventor, if any:												
Given Name		Family Name or Surname										
Douglas E.					Ruth							
Inventor's Signature	De E	De Elie				Date //						
Residence: City	Sunnyvale State CA				Country USA			Citizensh	nip	USA		
Post Office Address	471-A Bryan Ave	· · · · · · · · · · · · · · · · · · ·										
Post Office Address					<b>,</b>							
City	Sunnyvale	State	CA		ZIP	9	4086	Country		USA .		
Name of Additional	Joint Inventor,	if any:			A petition I	nas be	en filed fo	r this unsig	ned	inventor		
Given Name	(first and middle (i	f any)		Family Name or Surname								
	James M.			Cahill								
Inventor's Signature	Janu	71M	10	afilk 2 Date 6/						15/00		
City	San Jose	State	СА		Country	USA		Citizenship		USA		
Post Office Address	6964 Starling Val	ley Drive										
Post Office Address					· · · · · · · · · · · · · · · · · · ·							
City	San Jose	State	CA		ZIP	9	5120	Country		USA		
Name of Additional	Joint Inventor,	if any:			A petition h	nas bed	n filed fo	r this unsig	ned i	inventor		
Given Name	(first and middle (if	any)				Fai	nily Name	or Surnam	ne			
	Michael	<i>i</i> 0					We	ber				
Inventor's Signature	4 Sul	Lilel	V					Date	1.	18/00		
City	Sunnyvale	State	CA		Country		USA	Citizensh	ip	Germany		
Post Office Address	825 La Crosse Co	ourt					•					
Post Office Address												
City	Sunnyvale	State	СА	ZIP		94087		Country		USA		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:
Assistant Commissioner for Patents, Washington, DC 20231.



Please Type a plus sign (+) inside this box

PTO/SB/02A (3-97)
Approved for use through 9/30/98,OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

			·								
Name of Additional	Joint Inventor,	if any:		A petition ha	as been filed fo	or this unsigned	inventor				
Given Name	(first and middle (i	f any)	Family Name or Surname								
	Clinto B.		$\Delta \bot$	Carlisle							
Inventor's Signature		<u> </u>			· · · · · · · · · · · · · · · · · · ·	Date	6/24				
Residence: City	Palo Alto	State	CA	·Country	USA	Citizenship	USA				
Post Office Address	562 Driscoll Plac	e									
Post Office Address											
City	Palo Alto	State	CA	ZIP	94306	Country	USA				
Name of Additional	Joint Inventor,	if any:		A petition ha	as been filed fo	or this unsigned	inventor				
Given Name	(first and middle (i	f any)	Family Name or Surname								
		İ	Pham								
Inventor's Signature					1	Date	<del>,</del>				
City	San Jose	State	CA	Country	USA	Citizenship	USA				
Post Office Address	1830 Blackmore	Court				<u> </u>					
Post Office Address											
City	San Jose	State	CA	ZIP	95132	Country	USA				
Name of Additional	Joint Inventor,	if any:		A petition ha	as been filed fo	or this unsigned	inventor				
Given Name	(first and middle (i	f any)			Family Nam	e or Surname					
	Edric	* ***			T	ong					
Inventor's Signature		T	<del>,</del>			Date					
City	Sunnyvale	State	CA	Country	USA	Citizenship	USA				
Post Office Address	955 Larkspur										
Post Office Address				<del></del>							
City	Sunnyvale	State	CA	ZIP	94086	Country	USA				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOV 1 3 2000 SO

Please Type a plus sign (+) inside this box

PTO/SB/02A (3-97)
Approved for use through 9/30/98,OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

						· · · · · · · · · · · · · · · · · · ·						
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor								
Given Name	(first and middle (i	f any)	<u> </u>	Family Name or Surname								
·	Clinton B.			Carlisle								
Inventor's Signature						Date						
Residence: City	Palo Alto	State	CA	Country	USA	Citizenship	USA					
Post Office Address	562 Driscoll Plac	e										
Post Office Address		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·									
City	Palo Alto	State	CA	ZIP	94306	Country	USA					
Name of Additional	Joint Inventor,	if any:	☐ A petition has been filed for this unsigned inventor									
Given Name	(first and middle (i	f any)	Family Name or Surname									
	Hung		Ì	Pham								
Inventor's Signature	Thing	Plan	1			Date	6/27/00					
City	San Jose	State	CA	Country	USA	Citizenship	USA					
Post Office Address	1830 Blackmore	Court										
Post Office Address		1		· <del>···</del> ;······	·							
City	San Jose	State	CA	ZIP	95132	Country	USA					
Name of Additional	I Joint Inventor,	if any:	☐ A petition has been filed for this unsigned inventor									
Given Name	(first and middle (i	f any)			Family Nan	ne or Surname						
	Edric					ong						
Inventor's Signature	<u> </u>		-		<del></del>	Date	<del></del>					
City	Sunnyvale	State	CA	Country	USA	Citizenship	USA					
Post Office Address	955 Larkspur											
Post Office Address		i	:			····						
City	Sunnyvale	State	CA	ZIP	94086	Country	USA					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office. Washington. DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please Type a plus sign (+) inside this box

PTO/SB/02A (3-97) Approved for use through 9/30/98,OMB 0651-0032 Patent and Tenemark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995. no persons are required to respond to a collection of information unless it

contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of <u>3</u>

Name of Additional Joint Inventor, if any:				☐ A petition has been filed for this unsigned inventor								
Given Name	(first and middle (if	any)		Family Name or Surname								
	Clinton B.			Carlisle								
Inventor's Signature				Date								
Residence: City	Palo Alto	State	C#	١	Country	USA	١	Citizensh	ip	USA		
Post Office Address	562 Driscoll Place	•										
Post Office Address												
City	Palo Alto State CA				ZIP	94306	;	Country		USA		
Name of Additional Joint Inventor, if any:				☐ A petition has been filed for this unsigned inventor								
Given Name (first and middle (if any)				Family Name or Surname								
Hung				Pham								
Inventor's Signature						· <u> </u>		Date				
City	San Jose	State	C/	١	Country	Country USA		Citizenship		USA		
Post Office Address	1830 Blackmore C	Court										
Post Office Address												
City	San Jose	State	CA	A ZIP 95132			<b>!</b>	Country		USA		
Name of Additional	Joint Inventor,	if any:		☐ A petition has been filed for this unsigned inventor								
Given Name	(first and middle (if	any)				Family	Name	or Surnam	ie			
	Edric						То	ng				
Inventor's Signature	Form Il	1 mg			·-			Date	7	7/6/00		
City	Sunnyvale	/ State	C/	CA Country USA Citizenship USA						USA		
Post Office Address	955 Larkspur					<u></u>						
Post Office Address												
City	Sunnyvale	State	C	A	ZIP 94086		Country		USA			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please	Type a	ı plus sign	(+) inside this box	<b>─</b>	+	l
--------	--------	-------------	---------------------	----------	---	---

PTO/SB/02A (3-97)
Approved for use through 9/30/98,OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

F			<b>,</b>								
Name of Additional	Joint Inventor,	if any:		A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any)				Family Name or Surname							
	Elliot			Burke							
Inventor's Signature	Tho	13w	the	_				Date	24	June 00	
Residence: City	Santa Barbara State CA				Country		USA	Citizensi	hip	USA	
Post Office Address	s 2707 De La Vina Street										
Post Office Address											
City	Santa Barbara	State	CA	\	ZIP		93105	Country		USA	
Name of Additional	Joint Inventor,	if any:			A petition h	as be	en filed for	r this unsig	gned	inventor	
Given Name (first and middle (if any)						Fa	mily Name	or Surnar	ne		
Inventor's Signature											
City		State	CA	Country USA			Citizenship				
Post Office Address											
Post Office Address		· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·			
City		State			ZIP			Country			
Name of Additional	l Joint Inventor,	if any:		☐ A petition has been filed for this unsigned inventor						inventor	
Given Name	(first and middle (i	f any)				Fa	mily Name	or Surnar	ne		
Inventor's Signature		,	· · · · ·					Date			
City		State			Country			Citizens	hip		
Post Office Address			<del></del>		_			<u>.</u>			
Post Office Address						,					
City		State			ZIP			Country			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.